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CONFIRMATION NO. 70

SERIAL NUMBER 09/342,768	FILING DATE 06/29/1999 RULE	CLASS 455	GROUP ART UNIT 2685	ATTORNEY DCKE NO. 17286
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/093,360 07/20/1998

Yes 0230

** FOREIGN APPLICATIONS *****

No 0230

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/26/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY MA	SHEETS DRAWING 9	TOTAL CLAIMS <i>26</i>	INDEPENDENT CLAIMS <i>12</i>
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TITLE

LMDS SYSTEM WITH EQUAL POWER TO SUBSCRIBER LOCATIONS

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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